
 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY DIRECTIVE</p> <p><input checked="" type="checkbox"/> Offender Manual <input checked="" type="checkbox"/> Spanish</p>	<p>PRISON/PRE-RELEASE/ WORK RELEASE</p>	<p>NUMBER</p> <p>DOC 670.030</p>
	<p>SIGNATURE DATE</p> <p></p>	<p>EFFECTIVE DATE</p> <p>11/12/03</p>
	<p>JOSEPH D. LEHMAN, SECRETARY</p>	<p>PAGE NUMBER</p> <p>1 of 6</p>
<p>TITLE</p> <p>OFFENDER TUBERCULOSIS PROGRAM</p>		

SUPERSESSION:

DOC 670.030 effective 3/29/02

REFERENCES:

DOC 100.100 is hereby incorporated into this Policy Directive; RCW 70.02; WAC 246-170; WAC 248-100; ACA 4-4355; ACA 4C-09; DOC 450.300 Visits for Prison and Pre-Release Offenders; DOC 610.040 Health Care Screenings, Appraisals, and Status; DOC 610.110 Transfer of Offenders for Health Reasons; DOC 670.020 HIV Infection and Acquired Immunodeficiency Syndrome (AIDS); Controlling TB in Correctional Facilities, 1999, U.S. Department of Health and Social Services

POLICY:

- I. Prevention and control of *tuberculosis (TB)* must be regarded as a priority health issue due to the possibility of airborne transmission of *TB* infection in any correctional setting.
- II. [4-4355] [4C-09] The Department will address effective prevention and control measures to include: screening, containment, education, assessment procedures, and prompt effective treatment to control *TB* in our facilities, following the Center for Disease Control and Prevention (CDC) guidelines.

DIRECTIVE:

- I. General Requirement
 - A. A previous history of Bacille Calmette-Guerin (BCG) vaccination, whether or not documented, shall not constitute a basis for deviating from this Policy Directive.
 - B. The requirement for preventive or curative therapy shall not preclude transfer to a minimum-security facility provided licensed Health Care staff are available to dispense and monitor the prescribed treatment regimen.
 - C. The Infection Control Nurse/designee shall administer the *Mantoux Test* based on public health order sets written by the Medical Director/designee.
 - D. Clinical protocols will be developed under the guidance of the Medical Director.
- II. [4-4355] Prevention and Control

NUMBER DOC 670.030	TITLE OFFENDER TUBERCULOSIS PROGRAM	EFFECTIVE DATE 11/12/03	PAGE NUMBER 2 of 6
------------------------------	---	----------------------------	-----------------------

A. *TB* Screening – Initial and Retesting

1. Qualified medical staff shall screen offenders for symptoms and history of *TB* during initial intake screening upon arrival at a Department Reception Center per DOC 610.040 Health Care Screenings, Appraisals, and Status. Qualified medical staff shall screen offenders received at total confinement facilities directly from the community for symptoms and history of *TB*.
2. A *Mantoux Test* will be provided within 10 working days for:
 - a. All offenders received at the Washington Corrections Center (WCC) and the Washington Corrections Center for Women (WCCW).
 - b. Offenders who are remanded from community custody or Work Release.
 - c. All offenders who return or are received at a Department total confinement facility from the community or a local jail after being out of Department custody for at least 30 days.
3. All offenders entering a Work Release directly from the community shall have a medical examination and *TB* test no sooner than 5 days and no later than 14 days after arrival. A copy of the medical examination from the community Health Care Provider shall be placed in the offender's health record.
4. Whenever a newly committed offender is transferred to another Department facility before *TB* skin testing has been conducted, the sending facility shall notify the receiving facility and the receiving facility shall conduct *TB* skin testing within 5 days of arrival.
5. Mandatory retesting shall be conducted on all offenders 90 days after the initial screening and on an annual basis using the birthdate of the offender. When the offender was tested in the last 6 months, testing may take place based on the subsequent, as opposed to the current, birthday. These retesting appointments shall be scheduled using Offender Based Tracking System (OBTS)-HS at the time the results are recorded on the diagnostic screen.
6. A chest X-ray cannot be substituted for the *Mantoux Test*.

B. Positive *Purified Protein Derivative (PPD)*

1. An offender with a positive reaction per the Evaluation for Preventative Therapy Section of this Policy Directive shall receive a chest X-ray within 120 hours of the reading. In addition, Human-Immunodeficiency Virus (HIV) testing is recommended. If, after being informed of the clinical basis for which HIV testing is recommended, the offender refuses, DOC 13-048

NUMBER DOC 670.030	TITLE OFFENDER TUBERCULOSIS PROGRAM	EFFECTIVE DATE 11/12/03	PAGE NUMBER 3 of 6
------------------------------	---	----------------------------	-----------------------

Refusal of Medical/ Dental/Mental Health/or Surgical Treatment shall be completed.

C. Chest X-rays

1. Offenders with suspected or confirmed *TB disease* shall be placed in *respiratory isolation*, receive a chest X-ray, and provide 3 sputum samples on consecutive days. The chest X-ray shall be submitted to a Board-Certified Radiologist. Any sputum samples shall be submitted to the Department of Health (DOH) Public Health Laboratory or any other appropriately qualified laboratory as soon as possible for consultation and reporting.
2. Any offender who, during the course of incarceration is determined to have had a documented positive reaction at any time in the past, shall submit to a chest X-ray unless a chest X-ray has been taken subsequent to the positive reaction and within the previous 90-day period.
3. Asymptomatic persons who are immunocompromised (e.g., HIV positive) shall submit to a chest X-ray.
4. A Board-Certified Radiologist shall interpret all chest X-ray films. Films and interpretation shall be returned to the appropriate facility.

D. *Respiratory Isolation*

1. Offenders who have confirmed or *suspected tuberculosis disease* shall be placed in *respiratory isolation* per WAC 246-170. Facilities without available *respiratory isolation* rooms shall transfer such offenders to a facility with an available room that follows Washington Industrial Safety and Health Act (WISHA)/Occupational Safety and Health Administration (OSHA)/CDC ventilation regulations and/or guidelines.
2. Offenders for whom *respiratory isolation* has been ordered shall be required to wear a *particulate respirator* when they may expose staff or other offenders to the risk of infection and when being transported.
3. Posted precautions, in compliance with WISHA/OSHA/CDC guidelines shall be placed outside *respiratory isolation* rooms and be properly maintained.

III. Evaluation for Preventative Therapy

- A. A Physician or *Mid-Level Provider* shall evaluate all offenders using the CDC guidelines and provide treatment per clinical protocols.
 1. *Mantoux test* reading criteria for *tuberculin* positivity, by risk group.
 - a. 5 mm to less than 10 mm if the patient:

NUMBER DOC 670.030	TITLE OFFENDER TUBERCULOSIS PROGRAM	EFFECTIVE DATE 11/12/03	PAGE NUMBER 4 of 6
------------------------------	---	----------------------------	-----------------------

- 1) Is an HIV positive person,
- 2) Has had recent contacts with TB case patients,
- 3) Has fibrotic changes on chest radiograph consistent with prior TB,
- 4) An offender with organ transplants or other immuno-suppressed offenders receiving the equivalent of more than 15 mg/d of prednisone for one month or more.

b. 10 mm or Greater for all other patients.

IV. Transfer of Offenders with Suspected or Confirmed *TB Disease*

- A. Offenders who have a positive reaction shall not be transferred to another facility or unit until a Physician or *mid-level provider* medically clears the transfer.
- B. If an offender is diagnosed with or suspected of having *TB disease* and the facility is not equipped with a *respiratory isolation* room the offender shall be isolated and transported per DOC 610.110 Transfer of Offenders for Health Reasons on a priority basis to another correctional facility with a functioning medical/*respiratory isolation* room as soon as possible.

V. Reporting to Department of Health TB Control Office

- A. DOC 14-007 Tuberculosis Screening/Initiation of Treatment shall be used by the Infection Control Nurse or *Health Care Provider* to Report confirmed *TB disease* to DOH TB Control within 24 hours of notification, and to provide quarterly updates to DOH on active cases.
- B. When offenders subsequently begin *TB* therapy, or therapy is discontinued, DOC 14-008 Tuberculosis Therapy Preventative or Curative shall be completed by the responsible Infection Control Nurse or *Health Care Provider* and submitted to the DOH TB Control Office.
- C. Copies of DOC 14-007 Tuberculosis Screening/Initiation of Treatment and DOC 14-008 Tuberculosis Therapy Preventative or Curative, and pertinent correspondence with the DOH TB Control Office concerning individual offenders shall be maintained at the facility for not less than 2 years from the date of submission by the Infection Control Nurse or *Health Care Provider*.
- D. When an offender with *TB disease* who is receiving *TB* medication transfers from one facility to another, the sending facility staff shall telephone the DOH TB Control Office to notify them of the transfer. Such notification(s) shall be confirmed in writing by Department staff.
- E. Release Notifications - DOH *TB* Control

NUMBER DOC 670.030	TITLE OFFENDER TUBERCULOSIS PROGRAM	EFFECTIVE DATE 11/12/03	PAGE NUMBER 5 of 6
------------------------------	---	----------------------------	-----------------------

1. When an offender who is receiving *TB* medication for confirmed disease is released, notification by an Infection Control Nurse or *Health Care Provider* shall be made to the DOH TB Control Office and followed-up in writing.
2. For offenders on prophylactic medication released from Department control, notification should be made to the local county Department to which the offender is being released.

VI. Non-Compliant Offenders

- A. DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment shall be completed when offenders refuses PPD testing, a chest X-ray, treatment for a suspected disease, or refuse to continue treatment. Offenders may be segregated/*quarantined* from the general population based on this refusal.
- B. If Health Care staff determine that an offender exhibits the signs/symptoms of *TB disease* and refuses testing or treatment, or has a positive PPD and a positive chest X-ray suggestive of *TB disease* and refuses treatment, the offender shall be *quarantined* in a negative pressure room.
- C. Offenders with a negative chest X-ray, without signs and symptoms, can refuse treatment and be transferred to general population.
- D. In all cases of non-compliance, refusal shall be documented in the offender's health record.

VII. Patient Education

- A. Offenders shall receive education about *TB disease* upon intake at WCC or WCCW. All facilities shall have health education pamphlets addressing *TB disease* available to offenders.

VIII. Documentation

- A. During the reception process and whenever indicated, offenders shall be medically screened for *TB*. DOC 13-195 Tuberculosis Management shall be completed for this purpose.
- B. DOC 13-196 Tuberculosis Flow Sheet shall be used to assist in all *TB* diagnostic and treatment decisions.
- C. If *TB disease* or infection is confirmed, further treatment and subsequent evaluations shall be documented on DOC 13-196 Tuberculosis Flow Sheet.
- D. All *PPD* results, including the millimeters (mm) of *induration*, will be entered into the offender's health record as designated by the Health Records guideline and captured in the OBTS-HS on the diagnostic screen. Any *induration* over 5 mm

NUMBER DOC 670.030	TITLE OFFENDER TUBERCULOSIS PROGRAM	EFFECTIVE DATE 11/12/03	PAGE NUMBER 6 of 6
------------------------------	---	-----------------------------------	------------------------------

will be recorded as “see report” and the comments field will be used to record the exact mm read.

- E. Results of skin testing shall be recorded in millimeters of *induration* in the offender's health record on DOC 13-378 Problem List/Screening and Immunization Record.
- F. A record of notifications made to or communications with the DOH TB Control Office shall be maintained in the offender's health record.
- G. Chest X-rays will be captured in OBTS-HS on the diagnostic screen using “see report” if the results are abnormal as indicated by the Board-Certified Radiologist who read the film.

IX. Visitors

- A. Offenders with *TB disease* may be granted permission to have visitors, in conformance with DOC 450.300 Visits for Prison and Pre-Release Offenders, at the discretion of the attending Physician and in accordance with CDC Respiratory Isolation guidelines.

DEFINITIONS:

The following words/terms are important to this Policy Directive and are italicized, and specifically defined in the Glossary section of the Policy Directive Manual: Health Care Provider, Mantoux Test, Mid-Level Provider, Particulate Respirator, Purified Protein Derivative (PPD), Respiratory Isolation, Suspected Tuberculosis Disease, Tuberculosis (TB). Other words/terms appearing in this Policy Directive may also be defined in the Glossary.

ATTACHMENTS:

None

DOC FORMS (See Appendix):

DOC 13-048 Refusal of Medical, Dental, Mental Health and/or Surgical Treatment
DOC 13-195 Tuberculosis Management
DOC 13-196 Tuberculosis Flow Sheet
DOC 13-378 Problem List Screening and Immunization Record
DOC 14-007 Tuberculosis Screening/Initiation of Treatment
DOC 14-008 Tuberculosis Therapy Preventative or Curative